

(CHAPTER 13	STATEMENT	OF CURRENT	MONTHLY INCO	ME
AND CA	I CUI ATION	OF COMMITM	ENT PERIOD	AND DISPOSABI	F INCOME

☐ Disposable income is determined under § 1325(b)(3).

☑ Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.)

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Case number:

(If known)

		Part 1	I. REPORT (OF INCO	ME		
	а. 🛚	ital/filing status. Check the box that applies an Unmarried. Complete only Column A ("Debtor's Married. Complete both Column A ("Debtor's	or's Income") for	Lines 2-10.			
1	months of mor	rres must reflect average monthly income receives prior to filing the bankruptcy case, ending on the hithly income varied during the six months, you man the appropriate line.	Column A Debtor's Income	Column B Spouse's Income			
2	Gross wages, salary, tips, bonuses, overtime, commissions.			\$3,736.69	\$		
3	the diff	te from the operation of a business, profession ference in the appropriate column(s) of Line 3. If the aggregate numbers and provide details on the tinclude any part of the business expenses	you operate more an attachment. Do	than one bus not enter a n	umber less than zero.		
	a.	Gross receipts	\$	0.00			
	b.	Ordinary and necessary business expenses	\$	0.00			
	C.	Business income	S	Subtract Line b	from Line a	\$0.00	\$
4	in the	and other real property income. Subtract Linappropriate column(s) of Line 4. Do not enter a ref the operating expenses entered on Line based of Construction of the operating expenses or colored or c	number less than z	\$0.00 \$0.00	fference ot include any Line b from Line a	\$0.00	\$
5	Intere	st, dividends, and royalties.				\$0.00	\$
6	Pensi	on and retirement income.				\$0.00	\$
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					\$0.00	\$
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation						
		nployment compensation claimed to benefit under the Social Security Act	Debtor <u>\$0.00</u>		Spouse <u>\$</u>	\$0.00	\$

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9	separate page. Total and en paid by your spouse, but Do not include any benefit against humanity, or as a vice					
	a.		0			
	b.		0			
					\$0.00	\$
10	Subtotal. Add Lines 2 thru through 9 in Column B. Ente	, ,	nn B is completed, add Lines 2		\$3,736.69	\$
11	Total. If column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.					3,736.69

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD							
12	Enter the amount from Line 11.		\$3,736.69				
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.						
	a.	\$0.00					
	b.	\$0.00					
	c.	\$0.00	\$0.00				
14	Subtract Line 13 from Line 12 and enter the result.		\$3,736.69				
17							
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.						
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: PENNSYLVANIA b. Enter debtor's household size: 1						
	Application of § 1325(b)(4). Check the applicable box and proceed as directed.						
17	☐ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment						
	period is 5 years" at the top of page 1 of this statement and continue with this statement.						

18	Enter the amount from Line 11.						
	income listed in Line 10, Column B the debtor or the debtor's dependents. Sp	ied, but are not filing jointly with your spouse, enter on Line 19 the total of any at was NOT paid on a regular basis for the household expenses of the pecify in the lines below the basis for excluding the Column B income (such yor the spouse's support of persons other than the debtor or the debtor's					
19	dependents) and the amount of incon	ne devoted to each purpose. If necessary, list additional adjustments on a stering this adjustment do not apply, enter zero.					
19	dependents) and the amount of incon	ne devoted to each purpose. If necessary, list additional adjustments on a					
19	dependents) and the amount of incon separate page. If the conditions for er	ne devoted to each purpose. If necessary, list additional adjustments on a stering this adjustment do not apply, enter zero.					
19	dependents) and the amount of incon separate page. If the conditions for er	ne devoted to each purpose. If necessary, list additional adjustments on a stering this adjustment do not apply, enter zero. \$0.00	\$0.00				

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21	Annualized current monthly income for § 1 the number 12 and enter the result.	325(b)(3). Multi	ply th	e amount from Line 20 by			\$44,840.28
22	Applicable median family income. Enter th	e amount from Lir	ne 16	•			\$47,119.00
	Application of § 1325(b)(3). Check the application	able box and pro	ceed	as directed.			
23	☐ The amount on Line 21 is more than the determined under § 1325(b)(3)" at the top of			· ·		s statement.	
23	The amount on Line 21 is not more than determined under § 1325(b)(3)" at the top of Do not complete Parts IV, V, or VI.				•		
	Part IV. CALCULATION	ON OF DED	UC'	TIONS ALLOWED	FROM IN	COME	
	Subpart A: Deductions	under Standa	ards	of the Internal Reve	enue Servic	e (IRS)	
24A	court.) The applicable number of persons is the number that would currently be allowed as exemptions on your						\$
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.						
	Household members under 65 years of ag	je	Но	usehold members 65 yea	rs of age or o	lder	
	a1. Allowance per member		a2.	Allowance per member			
	b1. Number of members		b2.	Number of members			
	c1. Subtotal		c2.	Subtotal			\$
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.						
	a. IRS Housing and Utilities Standards; mo		nse		\$		
	b. Average Monthly Payment for any debts home, if any, as stated in Line 47	secured by your			\$		
	c. Net mortgage/rental expense				•	b from Line a.	\$
26	Local Standards: housing and utilities; adjudines 25A and 25B does not accurately computed Housing and Utilities Standards, enter any addustate the basis for your contention in the space	te the allowance to the tional amount to the tional	o whi	ch you are entitled under the	e IRS		
						\$	

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B22C (Official Form 22C) (Chapter 13) (4/13) Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. 27A If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy \$ Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you 27B are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ \$ or from the clerk of the bankruptcy court.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) \square 1 \square 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a 28 Line 28. Do not enter an amount less than zero. IRS Transportation Standards, Ownership Costs \$ Average Monthly Payment for any debts secured by b. Vehicle 1, as stated in Line 47 \$ Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a. \$ Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a Line 29. Do not enter an amount less than zero. 29 IRS Transportation Standards, Ownership Costs a. \$ b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 \$ Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. c. \$ Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur 30 for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment \$ taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment.
Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. 31 Do not include discretionary amounts, such as voluntary 401(k) contributions. \$ Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually 32 pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life, or for any other form of insurance. \$ 33 to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. \$ Do not include payments on past due obligations included in Line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a 34 condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend 35 \$ on childcare -- such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.

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5 Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or 36 paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance listed or health savings accounts listed in Line 39. \$ Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as 37 pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health that of your dependents. Do not include any amount previously deducted. \$ 38 Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37. \$ **Subpart B: Additional Living Expense Deductions** Note: Do not include any expenses that you have listed in Lines 24-37 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. Health Insurance \$ b. Disability Insurance \$ Health Savings Account C. \$ 39 Total and enter on Line 39 \$ If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an 40 elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. \$ Protection against family violence. Enter the total average reasonably necessary monthly expenses that you 41 actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. \$ Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. 42 You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and \$ Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation 43 of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and \$ not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, 44 not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. \$ Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable 45 contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income. \$ 46 \$ Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.

Subpart C: Deductions for Debt Payment

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	own, lis check schedu	st the name of the credito whether the payment included as contractually due	claims. For each of your debts that is sec or, identify the property securing the debt, st ludes taxes or insurance. The Average Mon to each Secured Creditor in the 60 months ry, list additional entries on a separate page.	ate the Average Monthly thly Payment is the total following the filing of the	Payment, and of all amounts bankruptcy		
		Name of Creditor	Property Securing the Debt	Average Payment	Does payment include taxes or insurance?		
47	a.			\$	☐ Yes ☐ No		
	b.			\$	☐ Yes ☐ No		
	C.			\$	☐ Yes ☐ No		
	d.			\$	☐ Yes ☐ No		
	e.			\$	☐ Yes ☐ No		
				Total: Add Lines a - e		\$	
	resider you ma in addi amoun	nce, a motor vehicle, or or ay include in your deducti tion to the payments liste at would include any sums	claims. If any of the debts listed in Line 47 ther property necessary for your support or on 1/60th of any amount (the "cure amount" d in Line 47, in order to maintain possessions in default that must be paid in order to avos in the following chart. If necessary, list add	the support of your depend that you must pay the one of the property. The cuid repossession or forect	ndents, creditor re osure.		
		Name of Creditor	Property Securing the Debt	1/60th of the C	ure Amount		
48	a.			\$			
	b.			\$			
	C.			\$			
	d.			\$			
	e.			\$		\$	
				Total: Add Line	es a - e		
49	as prio	ority tax, child support and	ority claims. Enter the total amount, divided alimony claims, for which you were liable attions, such as those set out in Line 33.		· · · · · · · · · · · · · · · · · · ·	\$	
	-	er 13 administrative ex he resulting administrativ	penses. Multiply the amount in Line a by t e expense.	ne amount in Line b, and			
	a.	Projected average mor	nthly Chapter 13 plan payment.	\$			
50	b.	issued by the Executive	our district as determined under schedules e Office for United States Trustees. ailable at www.usdoj.gov/ust/ or from the	x			
	C.	Average monthly admir	nistrative expense of Chapter 13 case	Total: Multiply Lines	s a and b	\$	
51	Total	Deductions for Debt Pa	yment. Enter the total of Lines 47 through	n 50.		\$	
			Subpart D: Total Deduction	ons from Income			
52	Total of all deductions from income. Enter the total of Lines 38, 46, and 51.						

	Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)						
53	Total current monthly income. Enter the amount from Line 20.						
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$					
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).	\$					
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.						

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57	there is below. You m	tion for special circumstances. If there are special circumstance no reasonable alternative, describe the special circumstances and If necessary, list additional entries on a separate page. Total the exust provide your case trustee with documentation of these exiled explanation of the special circumstances that make such	the resulting expenses in lines a-c penses and enter the total in Line 57.	
37		Nature of special circumstances	Amount of expense	
	a.		\$0.00	
	b.		\$0.00	
	C.		\$0.00	
			Total: Add Lines a, b, and c	\$0.00
58		Idjustments to determine disposable income. Add the amounter the result.	nts on Lines 54, 55, 56, and 57	\$
59	Month result.	ly Disposable Income Under § 1325(b)(2). Subtract Line 58 fro	m Line 53 and enter the	\$
		Part VI: ADDITIONAL EX	XPENSE CLAIMS	
	health a	Expenses. List and describe any monthly expenses, not otherwise and welfare of you and your family and that you contend should be a princome under § 707(b)(2)(A)(ii)(I). If necessary, list additional sour erage monthly expense for each literal the expenses.	an additional deduction from your current lices on a separate page. All figures should reflect	
60		Expense Description	Monthly Amount	
	a.		\$	
	b.		\$	
	c.		\$	
		Total: Add Lines a h, and c	\$	

Part VII: VERIFICATION							
61	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.) Date: Signature: /s/ Thomas Jr., Larry M. (Debtor) Date: Signature: (Joint Debtor, if any)						